

# PART B - FEE(S) TRANSMITTAL

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**ORRICK, HERRINGTON & SUTCLIFFE, LLP  
IP PROSECUTION DEPARTMENT  
4 PARK PLAZA  
SUITE 1600  
IRVINE, CA 92614-2558**

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## Certificate of Transmittal

I hereby certify that this Fee(s) Transmittal is being filed via EFS-WEB, Mail Stop ISSUE FEE or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Girleone Banks	(5-Filer's name)
/Girleone Banks/	(Signature)
October 2, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/531,511	10/03/2006	Malcolm Reginald Hallas Bell	020305-004006	6093

TITLE OF INVENTION: COIN ACCEPTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DUE DATE
Nonprovisional	NO	\$1510	\$300	\$1810	12/14/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
BEAUCHAINE, MARK J	3653	194-344000

1. Change of Correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Girleone Banks  
2. Orrick Herrington & Sutcliffe, LLP  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**MONEY CONTROLS LIMITED**

(B) ADDRESS:

**Coin House, New Coin Street, Royton Oldham OL2 6JZ, GREAT BRITAIN**

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☐ Issue Fee  
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4b. Payment of Fee(s)

- ☐ A check in the amount of the fee(s) is enclosed  
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0665 (enclose an extra copy of this form).

5. Change of Entity Status (from status indicated above)

☒ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27. b. ☐ Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Joseph A. Calvaruso/ Date October 2, 2009  
Typod or Printed name Joseph A. Calvaruso Registration No. 28,287

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